

RURAL DISTRICT COUNCIL OF WINDSOR



1965

ANNUAL REPORT

of

MEDICAL OFFICER OF HEALTH



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WINDSOR RURAL DISTRICT COUNCIL

To: The Chairman and Members of the
Windsor Rural District.

Mr Chairman, Madam & Gentlemen,

While presenting an annual report and reporting the statistical details of work carried out during the year, it is always desirable to look forward at the same time. It seems likely that within perhaps five years there may be sweeping changes in the whole structure of local government and it appears equally likely that administration will be less "local".

There are advantages in having an administration which is local and more personal with a finger on the pulse of the community, but at the same time personal involvement in a matter is more likely to occur which can render unbiased action difficult. I can see the contrast between the highly personal association of district committees and the quite impersonal action of the majority of County Councillors, being a representative of both bodies. There is obviously a happy medium somewhere but it seems that the tendency will be towards comprehensive administration of populations of 100,000 to 200,000.

Many of us may have to sacrifice status and independence of action, but personal consideration should not be placed before the attainment of more efficient, effective and, it is hoped, economic administration both financially and in manpower.

In the field of the whole Health Service the need for increased manpower is less than the need for the more efficient use of the present manpower and the delegation of less skilled and specialised work to others.

I am,

Your obedient Servant,

S. J. McCLATCHEY

M.B, B.Ch., B.A.O., D.P.H.

Medical Officer of Health

HEALTH AND HOUSING COMMITTEE

Chairman.....Councillor E.H. Lane,B.E.M.

Chairman of the
Council.....Councillor J.H.F. Matthews, J.P.

Members

Councillor Mrs. R. M. Carr

Councillor B. H. Rochford

Councillor G. Back

Councillor R. W. Portus

Councillor J. Nicholl

Councillor W. E. F. Evans

Councillor J. K. Buckenham

Public Health Officials

Medical Officer of Health

S. J. McCLATCHEY, M.B., B.Ch., B.A.O., D.P.H.

Public Health Inspector and Building Surveyor

W. H. ROWSELL.

Additional Public Health Inspector and Deputy Building
Surveyor

W. E. BARKER.

Clerical Staff

MISS H. RUSSELL.

MRS. E. A. STRINGER.

Rodent Operative

G. E. FROSDICK .

Engineer in charge of Sewage Pumping Station

Blacknest - E. WOOD.

Manager of Sewage Disposal Works

Bracknell - A. G. WARREN.

Foreman of Refuse Collection Staff

Sunningdale
Sunninghill - S. T. La COMBRE.
Old Windsor

STATISTICS

Area (in acres)	---	---	---	---	---	8,665
Home Population (Registrar-General's Estimate mid year 1965)	---	---	---	---	---	17,220
Number of Inhabited Houses 1965 (estimated)	---	---	---	---	---	4,817
Rateable Value at 31st December, 1965	---	---	---	---	---	£826,113
Sum represented by a Penny Rate (year ending 31.3.66)	---	---	---	---	---	£3,461

CAUSES OF DEATH IN THE DISTRICT DURING 1965

			<u>Male</u>	<u>Female</u>
Tuberculosis, respiratory	---	---	2	-
Malignant Neoplasm, Stomach	---	---	3	2
Lung, Bronchus	---	---	6	2
Breast	---	---	-	3
Uterus	---	---	-	2
Other Malignant & Lymphatic Neoplasms	---	---	12	9
Leukaemia, Aleukaemia	---	---	-	1
Diabetes	---	---	1	1
Vascular Lesions of Nervous System	---	---	16	23
Coronary Disease, Angina	---	---	25	16
Hypertension with Heart Disease	---	---	1	2
Other Heart Disease	---	---	11	12
Other Circulatory Disease	---	---	4	3
Influenza	---	---	-	1
Pneumonia	---	---	3	4
Bronchitis	---	---	12	2
Ulcer of Stomach and Duodenum	---	---	1	3
Gastritis, Enteritis and Diarrhoea	---	---	1	-
Hyperplasia of Prostate	---	---	1	-
Congenital Malformations	---	---	-	2
Other defined and ill-defined Diseases	---	---	9	5
Motor Vehicle Accidents	---	---	2	2
All Other Accidents	---	---	2	2
Suicide	---	---	4	2
			<hr/>	<hr/>
	Total	---	116	99
			<hr/>	<hr/>

BIRTHS

			<u>LIVE BIRTHS</u>		<u>STILLBIRTHS</u>	
			<u>MALE FEMALE</u>		<u>MALE FEMALE</u>	
Total	---	---	148	117	-	3
Legitimate	---	---	141	111	-	3
Illegitimate	---	---	7	6	-	-
			<u>WINDSOR</u>		<u>ENGLAND</u>	
			<u>R.D.</u>		<u>& WALES</u>	
Birth Rate per 1,000 population	---	---	15.4		18.0	

INFANT DEATHS

		<u>MALE</u>	<u>FEMALE</u>
Total Deaths of Infants under 1 year		3	3
Legitimate	---	3	3
Illegitimate	---	-	-
Total Deaths of Infants under 4 weeks		1	1
Legitimate	---	1	1
Illegitimate	---	-	-
		<u>WINDSOR</u>	<u>ENGLAND</u>
		<u>R.D.</u>	<u>& WALES</u>
Death Rate per 1,000 population	---	12.5	11.5
Infant Mortality Rate	---	22.6	19.0
Perinatal Mortality Rate (Stillbirths & deaths of infants under 1 week of age)	---	18.7	
Maternal Mortality Rate	---	Nil	

INFECTIOUS DISEASE NOTIFICATIONS

	Under 1 yr.	1 to 2	3 to 4	5 to 9	10 to 14	15 to 19	20 to 34	35 to 44	45 to 64	65 & over	Total noti- fied
Scarlet Fever	-	1	1	2	-	-	-	-	-	-	4
Measles	7	42	76	167	4	3	-	-	1	-	300
Whooping Cough	-	1	-	-	-	-	-	-	-	-	1
Pneumonia	-	-	1	-	-	-	-	-	-	-	1
Dysentery	-	1	2	4	-	-	-	-	-	-	7

TUBERCULOSIS

	NEW CASES					DEATHS			
	RESPIRATORY		NON-RESP.			RESPIRATORY		NON-RESP.	
	M	F	M	F		M	F	M	F
0 years	-	-	-	-		-	-	-	-
1 year	-	-	-	-		-	-	-	-
5 years	-	-	-	-		-	-	-	-
15 years	-	2	-	-		-	-	-	-
25 years	-	-	-	-		-	-	-	-
35 years	1	-	-	1		1	-	-	-
45 years	1	-	-	-		-	-	-	-
55 years	-	-	-	-		2	-	-	-
65 years & upwards	-	-	-	-		-	-	-	-
Totals	2	2	-	1		3	-	-	-

During the year there were reported 1 inward transfer, 2 outward transfers and 9 recoveries, giving a total of 80 cases on the register at the end of 1965.

OUR RURAL COMMUNITY

Living so near London and to the concentration of population around it, the rural nature of the district tends to be overlooked. The proportion with housing development is not great, but of this a comparatively high proportion is of low density to the acre.

While there are no vast tracts of waving corn, there is still a farming industry to be considered in spite of large areas of scrub and semi bogland. This farming is well established and plays its part in contributing to the needs of the community and to the nation as a whole.

What are the problems then with farming from the Public Health angle? Perhaps the greatest is the disposal of waste and the maintenance of adequate drainage. The latter is not made easy by the nature of the land itself and great stress must be laid on maintaining ditches and culverts free from overgrowth and blockage.

With the more obnoxious waste, as for example pigs, and hens in concentration, bulk movement and disposal on nearby land is often necessary with the attendant problems of flies and smell. Flies in theory are high in the public mind as carriers of disease and evidence has been produced of the considerable distance a fly can travel. In practice, however, the Medical Officer of Health is sceptical of any real danger attributed to them in this area. This is not to say that every effort must not be made to minimise such causes for complaint. As with smell it is quite impossible to live in a farming area and be entirely free from such things. Indeed to some a certain faint smell of farm can be attractive and stir thoughts of a less hurried and strained way of life.

The whole matter turns on what is reasonable and, while there has been some cause for complaint on occasions, the Medical Officer of Health is of the view that by and large the farming community is co-operative with the Health Department and takes every reasonable practical means to avoid producing a nuisance. Isolated instances for complaint may still occur, but it must be remembered that it is quite unreasonable to develop land for housing adjacent to an already existing agricultural industry and then expect to put that industry out of business because it is found quite impossible to avoid all smells, flies and noise.

Noise has also been a complaint with pigs but one wonders if this is so frequent or so disturbing as the noise from low flying aircraft which it seems cannot be controlled.

The rabbits of the rural land also provoke complaint but the pigeons seem to be less of a problem than in the centre of the metropolis.

Reference has been made to the contour and nature of the area where there is considerable scrub, semi-bog land and numerous ponds of slow moving or stagnant water. The presence of mosquitoes and numerous other biting and irritating insects is a natural hazard of the area. Many a private garden because of its trees and bushes makes sitting out late on a summer evening a most itching and irritating experience. Although it would be impossible to eradicate all midges and the like, much can be done and is done by the Health Department in seeing that land is drained as far as possible, ditches and culverts kept clear, and overgrowth and shade removed from the shallow edges of ponds. Further than this the spraying of the surfaces of ponds at breeding time to kill the larvæ is carried out. The chief expense is in time and not in the substance used as vast areas can be covered with insecticide costing only a few pounds.

The Health Department holds no magic wand for the banishing of all ills but its officers are mindful of the problems and, having in mind the priorities of other demands, devote considerable time to dealing with the matters mentioned and encourage the co-operation of those on whose land the potential nuisances arise. To go so far as to prove that a statutory nuisance exists and is detrimental to health needs very strong evidence particularly when a defence can show that every practicable means has been taken to avoid a nuisance.

Some of what has just been discussed is related to complaints that have been received but much of the day to day work of the Council's Public Health Staff guarding the health of the community passes unnoticed. Periodic sampling of effluents continues and, now that the matter is over, it might be of interest to mention that a year or so ago Cyanide, a powerful poison, was found on drain testing. Cyanide is used in certain industrial processes as well as in laboratories but checking all known users in the area showed satisfactory handling. On back tracing by sampling over a period of many months a likely source was found but a mystery appeared in that the concentration of cyanide was higher at a spot lower down the system from the suspected source. Whether this was due to some slight holdup at one place where concentration occurred was never clear but sufficient to say that the poison was eliminated and no further trouble has occurred. High concentrations in a drainage system could constitute a possible danger in event of leakage or break.

DYSENTERY

A comparatively mild but none the less troublesome infection of the bowels known as "Sonne" has occurred on two or three occasions in the past year. It seems that there is probably a reservoir of infection carried by some people who are unaffected but that at certain times outbreaks occur. It may at times be caused by contaminated food but on neither occasion was there any evidence of this. The illness is more usually spread by cross infection and this may explain why it is more common in infant schools where closer personal contact in play occurs than among older children.

In one investigation samples were taken from a number of children who had no complaint to see if there was in fact more widespread involvement than was at first apparent by absence from school. This, however, did not appear so. Of 48 samples taken, 11 positives were found either involving children sick and absent from school or among their pre-school age brothers and sisters at home.

It was interesting that there was a high incidence of infection among the children in a new and compact development of good class houses. Some parents felt the infection might be due to the locality as they had never had similar illness before coming to the area. On looking into this more closely, however, they had also had no children of school age before coming to live in the area, and it is likely that the spread of infection took place in the first instance among the 5 or 6 year olds at school and then on return home spread took place to younger children and to neighbours' children.

The outbreak died down quite quickly but some 4 months later tests were carried out on 50 children in school including those who had previously been affected. Only one positive was found and that was a child who had previously been negative but whose brother had been affected.

Sonne dysentery is particularly difficult to investigate or to determine a definite source. Its presence however stresses the need for continued education in cleanliness of habits and hygiene generally.

HEALTH VISITING

The District Council has no direct link with the personal health services as in the case of Windsor Borough, where a Sub-Committee composed of local Councillors administers the services on behalf of the County Council. It is doubtful if such an arrangement could easily be extended to cover the Rural District but it could be considered.

Of interest, however, will be some comment on the changing work of the Health Visitor. The work of the District Nurse and the District Midwife is fairly well known to most and by the nature of their duties they work very closely with family doctors.

Health Visitors on the other hand have been more closely linked with the administration at county headquarters and with the doctors carrying out work in clinics of the local authority. These doctors were for the most part fulltime employees of the local authority.

As time progressed many of the common and killing conditions in young children were conquered, leaving now only a hard core of serious conditions involving only a small proportion. At the same time family doctors are showing more interest in child health in relation to prevention of illness and to health education also, so that the time is coming when the local authority Medical Officer will concentrate on ascertainment and treatment of the handicapped child.

Much of the day to day work of the Health Visitor dealing with the "well" baby, advising parents on problems of behaviour and reassuring them on their problems can be of assistance to a busy General Practitioner. The Health Visitor is in a good position to advise an anxious mother whether her child is really ill and whether or not she need call in her doctor. Usually one Health Visitor will deal with the work of two or three doctors.

While this idea has to be "sold" to some general Practitioners it must be said that some made the first approach themselves and asked for such attachment.

Almost without exception both doctors and health visitors find their work more satisfying and each can be of assistance and support to the other. In practice the arrangement has if anything increased the work on both sides as often a health visitor in the course of her daily visiting comes across a problem in its early stages where she feels the advice of the doctor is desirable long before that individual would get to the stage of actually calling the doctor. The point is, however, that doctor and nurse are each dealing with matters more suited to their talents and in effect a better service is given to the patient.

This is the idealistic view but it is felt that the snags are minimal and it seems the sensible evolution of services which should not stand still or dwell on past successes but proceed to tackle new problems of evolving civilisation as they arise.

HOUSING

Limited schemes of clearance are proceeding, one of which is to be developed by private enterprise, but considering the population and its distribution, it seems that a fair balance is being made, although it would be idle to imagine that all demands could be met or indeed should be met in a balanced economy. The needs of old people have been very well catered for by comparison, but from the medical aspect there is one particularly disturbing situation.

This situation relates to tied accommodation where so often one finds an old couple one or both of whom must continue to work well after the usual retiring age simply to preserve a roof over their heads. Not all anticipate their eventual difficulties by taking advantage of the Council accepting names on the old people's housing list at 63 years of age.

In many of these cases when Council accommodation is sought one feels that medical evidence is being used to obtain housing which would not otherwise be given, and in all honesty it is not difficult to produce some medical evidence by 60 years of age. If all these cases could be dated to acceptance on the housing list from when they were 63 years old, then there would probably be some easing of the onerous duty of attempting to do justice between varying priorities. Compare, for example, the case with modest medical reason who has been on the housing list for many years with one of severe medical condition who needs rehousing and yet is not even on the housing list.

INSPECTIONS, NOTICES SERVED & REFERENCES TO
(& OTHER) WORK CARRIED OUT BY PUBLIC HEALTH INSPECTORS

NUMBER OF VISITS:-

Drainage	-	-	-	186
Water supplies	-	-	-	16
Swimming pools	-	-	-	19
Milk supplies	-	-	-	37
Food inspections	-	-	-	60
Food premises	-	-	-	121
Itinerant food vendors	-	-	-	48
Bakehouses	-	-	-	6
Moveable dwellings	-	-	-	77
Infectious diseases	-	-	-	112
Miscellaneous nuisances	-	-	-	96
Streams & water courses	-	-	-	56
Refuse tip	-	-	-	36
Sewage works	-	-	-	32
Pumping stations	-	-	-	46
Public conveniences	-	-	-	36

NOTICES:-

(a)	No. of informal notices served during the year under	
	P.H.Acts	35
(b)	No. of formal notices served during the year	24
(c)	Work carried out by Local Authority in default	1
(d)	Legal Proceedings, (see note on "Statutory Action")	3

MILK SUPPLY

Details of samples submitted for Heat Treatment and Keeping Quality are set hereunder.

	Pasteurised T.T.		Pasteurised Channel Island		Pasteurised Homogenised	
	Satis:	Failed	Satis:	Failed	Satis:	Failed
Methylene Blue (Keeping Quality)	29	-	4	-	2	-
Phosphatase (Heat Treatment)	29	-	4	-	2	-

ICE CREAM

Four samples were taken and reported by the Laboratory as Grade 1.

FOOD PREMISES

The following is a list of food premises in the District to which 121 visits were made during the year.

Butchers/Fishmongers	-	-	-	14
Greengrocers	-	-	-	8
Grocers, Confectioners etc	-	-	-	49
Restaurants & Cafes	-	-	-	4
Bakehouses	-	-	-	2
Dairies	-	-	-	1
Licensed Premises	-	-	-	31

UNSOUND FOOD

The undermentioned food was surrendered and destroyed as unfit for human consumption during 1965.

Canned Products

Vegetables	-	-	-	1 lb
Fruit	-	-	-	20 lbs
Meat	-	-	-	86 lbs
Meat products	-	-	-	16 lbs
Fish, Milk products etc	-	-	-	3 lbs

Fresh, Frozen & Cured Foodstuffs

Meat	-	-	-	7 tons 13 cwt
------	---	---	---	---------------

Included in this figure is a consignment of 7 tons 11 cwt of meat which was diverted from its destination to Ascot and found to be unfit and was dealt with by the local Animal Feeding Stuffs factory.

WATER SUPPLY

During 1965, five samples were taken from the Public water supply and submitted to Bacteriological and Chemical examination. In each instance the water was found to be safe for drinking and domestic purposes, subject to satisfactory treatment of the raw river water. The supply Company, (South West Suburban Water Co.) report that during the year 2,648 samples were examined by them, including 1,198 representative of supply. Of the latter number one only contained E Coli in minimal numbers. 718 samples were analysed chemically and 48 determinations were made of radioactivity in both raw and treated water. The Company furnish the Council with typical Analysts Reports on request.

SWIMMING POOLS

There are 15 swimming pools in the District attached to commercial and educational establishments, and from these 16 samples of water have been taken during the year. In one instance only was a repeat sample necessary to obtain 100% satisfactory results.

HOUSING

In 1965 the Council completed 45 housing units including a block of flatlets and flats, and Private Enterprise provided 55 new dwellings. As at May 20th 1965 Local Authority housing units numbered 914.

A Clearance Area comprising 15 dwellings was the subject of a Ministry Enquiry during the year. The Minister found on the report of his Inspector that all the houses were unfit with one exception, but that three dwellings were capable of repair and improvement at a reasonable cost.

In May (1965) the Council declared an area comprising 99 dwellings to be an Improvement area for the purposes of Part II of the Housing Act 1964. Subsequent inspections revealed that out of 99 premises, 51 were tenanted and of these, 12 had all the required amenities, 23 had some but not all, and 16 had none. Of the remaining 48 dwellings (which were owner/occupied) 35 had all required amenities, 12 had some only, and one had none.

Under the Housing Act 1964 Discretionary Grants amounting to £3,327 and Standard Grants amounting to £1,557 were approved by the Council; the respective number of applications were 17 and 13.

COMMON LODGING HOUSES

There are none in the area.

PEST CONTROL

The Council employ with good effect a full time Pest Officer, and during 1965 402 premises were treated for the destruction of rats and mice and in conjunction with Officers of the Ministry, 10% of the foul sewer manholes in the Parish of Sunninghill were test baited, but no "takes" were recorded.

PUBLIC CONVENIENCES

Public Conveniences are established in the Parishes of Sunninghill (including Ascot) and Old Windsor. These are furnished with wash-hand basins, soap and warm air hand driers.

SEWERAGE AND SEWAGE DISPOSAL

Contract No. 1 for the modernisation of the Council's sewage Outfall Works began in March 1965. This marked the culmination of some four years effort by the Council to provide the District with adequate sewage disposal facilities for two of its Parishes (Sunninghill and Sunningdale) which although originally sewered around 1929 had outgrown the facilities then provided. Unfortunately due to the Council's inability to secure a site near its Pumping Station at Blacknest, the sewage will continue to be pumped $4\frac{1}{2}$ miles to the Outfall Works. Contract No. 2 covering this aspect of the scheme is likely to be let in 1966. The Parish of Old Windsor was provided with main sewers in 1951, and this scheme also includes two Pumping Stations which deliver the sewage to the Windsor Borough Sewage Works on Ham Island for treatment by Agreement with that Authority.

REFUSE COLLECTION AND DISPOSAL

The Council employ four vehicles (one as spare and for the collection of "excess refuse") for the removal of domestic refuse. Three of these are 18/21 cubic yards capacity, and one (a continuous loader) 35 cubic yards. A regular weekly clearance is maintained and disposal is by means of partially controlled tipping. The disposal tip at South Ascot is fairly central in the two Parishes of Sunninghill and Sunningdale, but has a limited life, although the Council have recently acquired a seven years lease on an additional area of land. With this fact in mind and by agreement, part time use is made of the Disposal Tip in the adjoining District of Egham and the Council are in correspondence with the neighbouring authorities of Easthampstead and Cookham regarding the possibility of sharing in the establishment and use of a pulverising plant. With regard to Trade refuse, the Council will accept, for disposal at its tip, the refuse from any trade premises, in respect of which the Trader pays an annual charge of £5.

STATUTORY ACTION

On page 11 of the Report for 1964, reference is made to Statutory Action by the Council in connection with the stationing of caravans, and the suppression of excessive noise. These two matters came before the Courts early in 1965 when penalties were imposed amounting in total to £45 and £3,165 respectively. The action against noise was taken under the Town & Country Planning Act 1947 for infringement of a Planning Consent Condition.

In an action to secure the repair of two dwellings under Section 93 of the Public Health Act 1936 the Council were awarded costs and secured an Order against the owner requiring the specified works to be carried out.

Under Section 2 of the Food & Drugs Act 1955 the Council successfully prosecuted a dairy firm for delivering a bottle of milk containing a slug.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

144 Premises were visited during the year. In 29 instances a general inspection was carried out and 21 inspections were made for the purpose of taking light meter readings. In no case was a Statutory action called for.

The requirement of adequate safeguards for Office machinery suggests the need for manufacturers to be advised to incorporate such safeguards in new models and to devise means for bringing existing equipment into line with the requirements. (See Appendix to L.A.Circ. 7. Supp. No. 4.(Revised)).

FACTORIES ACT 1961

1. INSPECTIONS for purposes of provisions as to health
(including inspections made by Public Health Inspectors).

PREMISES (1)	NUMBER ON REGISTER (2)	NUMBER OF		
		INSPECTIONS (3)	WRITTEN NOTICES (4)	OCCUPIERS PROSECUTED (5)
(i) Factories in which sections 1,2,3,4, and 6 are to be enforced by Local Authorities - -	4	4	-	-
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority -	49	38	2	-
(iii) Other premises under the Act (excluding out- workers premises)	-	-	-	-
TOTAL	53	42	2	-

FACTORIES ACT (Ctd.)

2. CASES IN WHICH DEFECTS WERE FOUND

PARTICULARS	NUMBER OF DEFECTS				PROSECUTIONS INSTITUTED
	FOUND	REMEDIED	REFERRED TO H.M. INSPECTOR	REFERRED BY H.M. INSPECTOR	
Want of Cleanliness	-	-	-	-	-
Overcrowding	-	-	-	-	-
Ineffective drainage to floors	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Sanitary Conveniences -					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	2	1	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other Offences (not including offences relating to home work)	3	3	3	-	-
TOTAL	5	4	3	-	-

OUTWORKERS

The number of outworkers returned on the August list was 3.

